

APPENDIX 1

Subject / Title	Sexual & Reproductive Health Offer
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Team	Department	Directorate
Health Improvement	Population Health	Population Health

Start Date	Completion Date
August 2021	Ongoing

Project Lead Officer	James Mallion / Pamela Watt
Contract / Commissioning Manager	Linsey Bell
Assistant Director/ Director	Jeanelle de Gruchy

EIA Group (lead contact first)	Job title	Service
James Mallion	Public Health Consultant	Population Health
Pamela Watt	Public Health Manager	Population Health
Linsey Bell	Commissioning and Contracts Officer	Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	<p>What is the project, proposal or service / contract change?</p>	<p>The current Chlamydia and Gonorrhoea (C&G) Screening Service offers C&G testing to asymptomatic young people under the age of 25 years.</p> <p>The service also delivers the National Chlamydia Screening Programme (NCSP) which screens the general population of young people young people (aged under 25 years) for chlamydia. The NCSP guidance was updated in June 2021 to target women only.</p> <p>The C&G Screening Service is being retendered. The service specification for the new tender will largely remain the same, other than being updated to reflect the new NCSP guidance.</p>
1b.	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The C&G Screening Service contributes to the prevention and control of STIs among young people under the age of 25 by ensuring that sexually active asymptomatic young people can obtain an opportunistic screen for C&G.</p> <p>The aim of the updated NCSP is to reduce the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services (i.e, the purpose of the NCSP) will focus on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. These changes will mean the programme will be better able to maximise the health benefits.</p>

<p>1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.</p>				
Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact/ Relevance	Explanation
Age			✓	There is no change to the age group the service is targeting.
Disability			✓	There is no change to how people with a disability will access the service.
Ethnicity			✓	There is no change in how people from different ethnic groups access the service.
Sex	✓			<p>There is major changes to how people of different sex will can access the service.</p> <p>Men, including transgender women and non-binary people (assigned male at birth), will no longer be targeted via the NCSP.</p>

Religion or Belief			✓	There is no change in how people with different religions or beliefs access the service.
Sexual Orientation		✓		There is no direct change on how people access the service based on sexual orientation, but there will be indirect impact for men who have sex with men (MSM) due to their sex.
Gender Reassignment	✓			Transgender women will no longer be targeted via the NCSP.
Pregnancy & Maternity			✓	There is no change in service for this group of people.
Marriage & Civil Partnership			✓	There is no change in service for people with different marriage or civil partnership status change.

Other protected groups determined locally by Tameside and Glossop Strategic Commission?

Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health			✓	There is no change for people with mental health issues.
Carers			✓	There is no change for people based on their carer status.
Military Veterans			✓	There is no change in service for people based on their military service.
Breast Feeding			✓	There is no change for people that are breastfeeding.

Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, low income households, those who are homeless)

Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Non-binary	✓			Non-binary people (assigned male at birth), will no longer be targeted via the NCSP.

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		✓	
1e.	What are your reasons for the decision made at 1d?	<p>The focus of the NCSP aspect of the new C&G Screening Service is being changed from all young people, to just women.</p> <p>As this means there will be a direct impact/relevance to several groups with protected characteristics, a full EIA is required.</p>	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The current Chlamydia and Gonorrhoea Screening Service, provided by Brook, contributes to the prevention and control of Sexually Transmitted Infections among young people under the age of 25 by ensuring that sexually active asymptomatic young people can obtain an opportunistic screen for C&G. The Service arranges for distribution and return of self-sampling test kits, laboratory processing of samples, results notification, treatment for patients diagnosed with an infection, partner notification, follow up with all patients diagnosed with an infection to confirm that the patient has received treatment.

The service also encompasses the delivery of the National Chlamydia Screening Programme (NCSP) which previously focussed on screening the general population of young people (aged under 25 years) for chlamydia in order to reduce the prevalence of infection.

Chlamydia infection is often asymptomatic: around 70% to 80% of people with chlamydia will be unaware that they have the infection, but if left untreated, it can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI). Complications in men are much rarer and an infection will often resolve without treatment in those who are asymptomatic. Of those women with untreated chlamydia, 10 to 17% will develop PID and 35% of PID in women aged 16 to 24 is attributable to chlamydia.

Chlamydia can be detected and treated easily and screening can reduce the risk of complications for an individual. Women who have a chlamydia screen have a 36% lower risk of developing pelvic inflammatory disease compared to those who have not.

An Expert Peer Review Group (EPRG) considered the evidence regarding chlamydia infection and control and recommended changes to the NCSP. The result is a change in focus from aiming to reduce the prevalence of chlamydia infection to preventing adverse consequences of untreated chlamydia infection and harm reduction.

Harmful effects of chlamydia occur predominately in women, so this means focusing on identifying and treating infections in young women as early as possible in order to maximise health gain and discontinuing the offer of opportunistic screening to young men outside sexual health services.

The updated NCSP guidance was published in June 2021.

The C&G Screening service is now being retendered with a contract start date of 1st April 2022. The contract length will be 3 years, will the option to extend for a further 2 years. The service specification for the new tender will largely remain the same, other than being updated to reflect the new NCSP guidance.

Services commissioned by Tameside Council need to be consistent with the law and our obligations under the public sector equality duty across all nine protected characteristic groups. The nine protected characteristic groups are – race / ethnicity, sex, disability, age, sexual orientation, religion & belief, sex reassignment, pregnancy & maternity, and marriage & civil partnership.

The tender process will set out this expectation and potential providers and compliance with the obligation under the equalities act is monitored throughout the duration of the contract.

A number of protected groups will be affected by the change in focus. The issues to be considered for each group of people are described in section 2b. Section 2c goes on to explain the impact, and section 2d how this can be mitigated.

The key method of mitigation is to ensure clear and consistent communication and marketing amongst this service, the wider sexual and reproductive health services and professionals to ensure men are clear where to access good quality sexual health services and understand their responsibilities in regard to sexual health, and to ensure the people from trans and non-binary communities still access quality sexual health services and do not feel excluded.

References to women in this EIA include cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

2b. Issues to Consider

Sex

It is against the law for a service to discriminate against someone on the grounds of any 'protected characteristic' including sex. However, there are some exceptions under the Equality Act 2010. The Act states it is lawful to provide separate services for men and women if:

- a joint service for persons of both sexes would be less effective
- the extent to which the service is required by persons of each sex makes it not reasonably practicable to provide separate services

There is no consistent evidence that screening of both men and women at the levels that can be feasibly achieved has measurably reduced the prevalence of chlamydia infection in the population.

Chlamydia infections are concentrated in men with more partners, but infection will often resolve without treatment in those without symptoms, so men who have chlamydia are at much lower risk of harm. In comparison, infections are more evenly distributed across levels of risk amongst women and harmful effects of chlamydia occur predominately in women. Therefore the health benefit of offering opportunistic screening only to young women outside of specialist sexual health services is a lawful, evidence based and proportionate means to achieve the aim of reducing the harm from untreated chlamydia.

Young men who are partners of women testing positive for chlamydia through the screening programme will be tested and treated through the partner notification process.

Sexual orientation.

Excluding men from NCSP would disadvantage young MSM more than heterosexual young men as rates of STIs are higher amongst MSM than heterosexuals.

Gender reassignment

Data relating to gender identities is not well understood. The Equality Act 2010 provides a legal framework to protect the rights of individuals with 'protected characteristics' and advance equality of opportunity for all. To be protected, there is no need to have undergone treatment or surgery and the person can be at any stage in the transition process – proposing to, or undergoing a process to reassign your gender, or have completed it.

Transgender men and non-binary (assigned female at birth) people may be at the same risk of reproductive health harm as cisgender women however, professionals may misinterpret or misunderstand 'women only'.

The new NCSP programme does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women.

2c. Impact/Relevance

Sex

References to women includes cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

An opportunistic offer of chlamydia screening outside sexual health services could be considered an unnecessary burden for young men when the majority of harm from untreated chlamydia exists in women. Removing this aspect from the programme could have a positive impact on young men, reducing their potential anxiety about chlamydia infection. In addition, high risk males will be

targeted through partner notification, which would find more infection than a non-selective population screening approach. This process should be improved as part of the proposed changes.

However, excluding men also reduces the reduced likelihood to be diagnosed with, and/ or treated for, chlamydia and will result in fewer opportunities to engage in their sexual health and provide them with information about wider range of services available, undermining young men's role and responsibility in achieving good sexual health. This may have negative impacts on their health seeking behaviour and lead to reduced access to specialist sexual health services.

The re-prioritisation of resources away from opportunistically screening young men to screening women, improving partner notification and re-testing of those found to be positive, is expected to reduce the rate of progression to reproductive health harms, thereby maximise the health gain from the programme for women.

The improved cost effectiveness of the programme will reduce likelihood of disinvestment in the programme which would adversely affect women.

On the other hand, the changes to the NCSP could place the burden of responsibility for young people's sexual health on young women and in turn increase stigma for young women.

Sexual orientation

MSM are less likely to be screened for chlamydia as a result of the changes. However, having a chlamydia only screen may miss other STI infections. Opportunities to engage with MSM may also be reduced, leading to less referrals to specialist sexual health services where a full STI screen can be offered

Conversely, removing the option of a chlamydia-only screen may encourage MSM to seek a full STI screen as recommended, thereby advancing their equality of opportunity.

Gender reassignment

Transgender men and non-binary (assigned female at birth) people might not be offered screening opportunistically or face barriers if they ask for a test. They may also feel that a service that they are eligible for is inappropriately worded as being for 'women'.

The proposed policy focuses on reproductive harms of untreated chlamydia and therefore does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women. However, it is noted that in practice they may be offered a chlamydia screen.

2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
Sex	<p>The new provider, and the wider sexual health system that includes the specialist sexual and reproductive health provider, will continue to raise awareness that good sexual health is the responsibility of all young people, including by engaging with young men through a variety of different mechanisms such as Relationships and Sex Education and condom distribution schemes.</p> <p>Chlamydia testing will still be available to young men through sexual health services and specialist sexual health services, and this needs to be communicated clearly to all stakeholders, including users.</p> <p>Young men will continue to be contacted and tested through partner notification procedures.</p> <p>PHE will support work to raise awareness that good sexual health is the responsibility of all young people.</p> <p>Within the new C&G Screening Service specification, it is highlighted that men will continue to be tested within the C&G programme as part of contact tracing pathways, and when appropriate as budget allows.</p>
Sexual orientation	<p>MSM will be encouraged to seek a full STI screen through provision of guidance and promotional material and through other relevant interactions with MSM. Professionals will also be reminded to encourage young MSM to seek a full STI screen</p> <p>Communications should include MSM who don't identify as gay or bisexual.</p>

Gender reassignment	<p>It should be made clear in any guidance and public facing communications, as well as to professionals, that the programme's aim is to reduce reproductive health harm, communicating that transgender men and non-binary people (assigned female at birth) are eligible for this service.</p> <p>Anyone of any gender who is concerned they might be at risk of chlamydia or other STIs will be encouraged to contact their local sexual health service or GP for professional health advice about whether to get tested.</p> <p>Learning should be sought from experience in other areas of healthcare such as cervical screening.</p>
Ensuring equitable access to services	<p>The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings.</p> <p>Services need to be designed with accessibility in mind, so that they are delivered in a way that is consistent with the law and our obligations under the public sector equality duty across all nine protected characteristic groups. The nine protected characteristic groups are – race / ethnicity, sex, disability, age, sexual orientation, religion & belief, sex reassignment, pregnancy & maternity, and marriage & civil partnership.</p> <p>There is an expectation that services commissioned by the council comply with its obligations under the equalities act. The terms and conditions issued to contracted services clearly outline this expectation. Compliance with the obligation under the equalities act is monitored throughout the duration of the contract.</p>
Ensuring positive outcomes are maintained	<p>Any positive impacts that are identified will be recorded, and monitored.</p>
Any negative equalities impacts are continuously identified throughout the procurement and contract period	<p>Any negative impacts that are identified will be recorded, and appropriate action is taken to address these</p>

<p>2e. Evidence Sources</p>
<p>PHE (2021) Summary profile of local authority sexual health (SPLASH), Tameside https://fingertips.phe.org.uk/profile/sexualhealth/data#page/13/gid/8000057/pat/6/par/E12000002/ati/202/are/E08000008/iid/90742/age/1/sex/4/cid/4/tbm/1</p> <p>Disability Discrimination (Amendment) Act 2005 https://www.legislation.gov.uk/ukpga/1995/50/contents</p> <p>Public Health England (2021). NCSP: programme overview. https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview</p> <p>Public Health England (2021) Changes to the National Chlamydia Screening Programme: Information on the changes.</p>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992294/NCSP_Information_on_the_changes_June_2021.pdf

Public Health England (2021) Changes to the National Chlamydia Screening Programme. Public Sector Equality Duty Assessment.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/995179/NCSP_Public_Sector_Equality_Duty_Assessment_June_2021.pdf

2f. Monitoring progress

Issue / Action	Lead officer	Timescale
Ensuring equitable access to services Ensuring positive outcomes are maintained	James Mallion, Pamela Watt, Linsey Bell	Quarterly
Any negative equalities impacts of the proposal are continuously identified throughout the procurement and contract period – any negative impacts are identified and appropriate action is taken to address these	James Mallion, Pamela Watt, Linsey Bell	Ongoing
Signature of Contract / Commissioning Manager		Date
Signature of Assistant Director / Director		Date